

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755525

FILED
Jan 20, 2009
Secretary of State

Entity Name: WORD OF LIFE FELLOWSHIP - SOUTH, INC.

Current Principal Place of Business:

71 OLMSTEDVILLE RD
POTTERSVILLE, NY 12860 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 600
SCHROON LAKE, NY 12870

New Mailing Address:

FEI Number: 13-5648615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILLIPS, TOM D
13247 WORD OF LIFE DRIVE
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JORDAN, ROBERT
Address: 8761 STATE ROUTE 9
City-St-Zip: SCHROON LAKE, NY 12870

Title: SD () Delete
Name: BROWN, BOB G
Address: PO BOX 167
City-St-Zip: ADIRONDACK, NY 12808

Title: M () Delete
Name: PHILLIPS, TOM D
Address: 13247 WORD OF LIFE DRIVE
City-St-Zip: HUDSON, FL 36449

Title: TD () Delete
Name: NELSON, BENJAMIN J
Address: P.O. BOX 272
City-St-Zip: POTTERSVILLE, NY 12860

Title: VD () Delete
Name: LOUGH, DONALD H JR
Address: 1429 CHARLIE HILL RD
City-St-Zip: SCHROON LAKE, NY 12870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB G. BROWN

SD

01/20/2009

Electronic Signature of Signing Officer or Director

Date